

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 127Registered No. 660

1. PLACE OF BIRTH

County GilaState ARIZONA

District or Township _____

or Village _____

City MIAMI ARIZONANo. 107 Red Springs Canyon St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Anita Trevino

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other.

6. Legitimate?

7. Date

Dec 5 1930female

5. No., in order of birth _____

Yes

of birth

Month Day Year

8.

FATHER

Full name Ysidoro Trevino

9. Residence

MIAMI ARIZONA

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

Mexican11. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country)

Mexico13. Occupation none

Nature of Industry

without work

14.

MOTHER

Full maiden name Guadalupe Granillo

15. Residence

MIAMI ARIZONA

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

Mexican17. Age at last birthday 18 (Years)

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother.

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 P m. on the date above stated.
(Born alive or stillborn)*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature _____

F. E. MILLER, M. D.

(Physician or midwife.)

Given name added from
a supplemental report _____

Address _____

MIAMI ARIZONA

Month, day, year

Filed Dec 15 1930Jo E. Miller

Registrar.

Registrar.

136-1205-776